

Alcoholics and Liver Transplants

Each year, about 1,500 people in the U.S. die waiting for a liver transplant. That's about 5 people each day. Physicians are in the business of saving lives. So, it stands to reason that, if there is a procedure that will save lives, everyone should have access to it. Some, however, think that liver transplants for alcoholics is an exception. For one, it differs from other sorts of treatments in the following ways:

- (1) Livers are a Non-Renewable Resource: About 16,000 people are officially on the waiting list to receive a liver transplant this year. Only about 6,000 of them will get one this year. But, about 25,000 alcoholics die of liver failure each year. Many of these people are not presently on the waiting list because there is a prohibition against alcoholics being put on the list. Clearly, we do not even have enough donated livers to save the lives of the NON-alcoholics on the list. This resource is VERY scarce. Thus, distribution of livers should be held to VERY rigorous allocation standards.
- (2) Expensive: Liver transplantation is incredibly expensive. As such, in the interest of not bankrupting insurance companies, or taxpayers, etc., again, liver allocation should be held to VERY rigorous allocation standards.
- (3) Known, Self-Induced Cause: As stated, the known cause of about 25,000 deaths due to liver failure is alcoholism. As such, liver failure (e.g., cirrhosis) due to alcoholism is very clearly due to self-inflicted disease, unlike most other diseases.

In light of these considerations, Moss and Siegler recommend that alcoholics should NOT compete equally with others for liver transplantation.

Objections: Two main concerns with this verdict:

- (1) Alcoholism is a Disease: Alcoholism is a hereditary disease. So, the self-inflicted destruction is outside of the control of the alcoholic—it is not, as some used to believe, simply due to “bad habits” or “moral weakness”. As such, alcoholism should be treated like any other disease that is outside of the patient's control. Treating alcoholism any differently is unfair.

Reply: First, liver failure due to alcoholism takes at least 10 or 20 years of very heavy alcohol abuse. Second, alcoholism is a TREATABLE disease. Therapy, and various programs such as Alcoholics Anonymous have been shown to be very effective at preventing alcohol abuse in alcoholics. So, given the length of time required for liver failure and the availability of effective treatment, it would be

mis-guided to suggest that the alcoholic should share no responsibility for their liver failure.

[Question: But, what if the addiction is so severe—as it often is—that the alcoholic physically cannot even bring herself to SEEK help at all?]

- (2) Discrimination: There are LOTS of diseases that people get primarily due to self-inflicted abuse of their bodies (e.g., smokers who get lung disease, over-eaters who get diabetes, those who contract HIV through unprotected sex, or even those who have terrible accidents while doing dangerous activities, such as snow-skiing) . But, these people are typically not denied treatment. So, singling out alcoholics is discrimination, and encourages the idea that alcoholics are “bad” or “inferior” people.

Reply: The suggestion IS discriminatory, but the liver case is different in one important way: Scarcity. Due to the scarcity of resources, it IS permissible to allocate resources in a very discriminating way. Imagine, for instance, that there were only enough casts, or bone-setting doctors or whatever, to mend the broken bones of 10% of broken bone cases. Would it be fair to give priority to someone who broke their leg because some careless driver ran them over, instead of someone who went skiing on the most dangerous slopes every weekend? Furthermore, there is always the worry that an alcoholic whose life is saved may return to alcoholism with their new liver (relapse rates are typically high, unless the organ recipient has already given up alcohol for a long time).

Four Paradigms of “Fairness”: Moss and Siegler mention a few different possible methods of resource allocation:

- (a) To each, an equal share of treatment
- (b) To each, equal treatments for equal cases
- (c) To each, according to ability to pay
- (d) To each, according to personal effort

(a) is impossible, because there are not enough livers to go around. People cannot get equal treatment. One might suggest that a “first-come, first-served” waiting list would be in some sense an “equal share”, since in that case, everyone would have equal potential ACCESS to the limited treatment. But, Moss & Siegler reject this suggestion, citing that it seems that, e.g., a child born with a bad liver has a greater claim to a good FIRST liver than an alcoholic does to a good SECOND liver. So, (a) does not really seem to deliver the “fair” result.

Interpreted a certain way, (b) might suggest that we SHOULD discriminate against alcoholics. Are the cases of a child born with a bad liver and an alcoholic who destroys their liver "equal cases"? Perhaps not.

Suggestion (c) would make available livers up to the highest bidder. Strangely, Moss & Siegler do not really address this suggestion. [What do you think about it?]

(d) would also deliver the verdict that perhaps we SHOULD discriminate against alcoholics. For, alcoholics who have abused their livers have not put in "equal effort" to keep their livers healthy.

Livers for SOME Alcoholics?: Moss and Siegler are careful to point out that they are not recommending that NO alcoholics receive new livers. Perhaps, for instance, some alcoholics who had been abstinent for a year should be considered candidates for transplantation.